

Foster Family Home - Deficiency Report

Provider ID: 1-130023

Home Name: Lani Arellano, CNA

Review ID: 1-130023-16

94-410 Hamau Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/1/2025


| Foster Family Home | Required Certificate | [11-800-6] |
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.
CCFFH met all requirements at the time of the inspection.


Compliance Manager


Primary Care Giver


Date


Date